



NAMI Blue Ridge Family Alliance Newsletter

September 2005

Upcoming Meetings

Informal Support Group Meetings

First Thursdays from 5:30pm – 6:30pm
October 6, November 3, December 1

Speaker Meetings: Visitors Welcome

Note: Special Times & Locations!!!

This year we are joining with our local Mental Health Association (MHA) to offer a wider variety of speaker programs:

September 29, 5:30 at Hardware Store Restaurant

Dr. Heidi Clay will discuss recovery from schizophrenia. “On Our Own” representatives will talk about recovery from their perspective. To further entice you, dinner will be served. See the brochure that should be included with this newsletter for further information

October 9 (Sunday) 12:30 at Thomas Jefferson Memorial Church on Rugby Rd

Opening of art exhibition celebrating World Mental Health. Monday, October 10, is World Mental Health Day with readings of creative writing 1-4 pm at the same location. Exhibition continues through November 6.

November (date TBD): Services for Mentally Ill People: Europe vs U.S.

A few speakers knowledgeable about mental health services in Europe will help us understand how U.S. services compare with other countries and what lessons we might learn to improve services here in the U.S.

December 15: Improving Services for Mentally Ill People across the U.S.

Steven Buck, Director of State Policy for our National NAMI organization, and a representative of the National MHA will provide a glimpse of the national landscape for mental health services. While the system is often in shambles, there are pockets of excellence providing recovery based services.

Meetings are held in the Board Room of the Region Ten Building, 800 Preston Avenue, beginning at 5:30pm. Visitors are welcome.

President's Message

In the aftermath of devastation from Hurricane Katrina, thousands of people have been left homeless and without any basic provisions. Among those affected are our NAMI family members, and, most critically, people with mental illnesses whose treatment and medications have been disrupted. NAMI has established a resource center for victims of the hurricane -The NAMI Hurricane Katrina Resource Guide (www.nami.org/hurricanekatrina) - and for those wishing to provide support - The NAMI Hurricane Katrina Relief Fund (www.nami.org/donate). You may also donate by mailing a check to NAMI (please designate the particular fund in which you are interested) and mail to NAMI Hurricane Katrina Relief Fund, 2107 Wilson Boulevard, Suite 300, Arlington, VA 22201.

NAMI Virginia will hold its annual one day conference on Thursday, September 22, '05 at the Holiday Inn-Central (\$70.00 per night), 3207 North Boulevard, Richmond, VA - 9:00 am. - 6:00 pm. Registration will be \$45.00 before September 8th, and \$55 after that date. Please make checks payable to NAMI Virginia.

On September 6th, Congress returned from its summer vacation to begin work on a massive budget measure that includes a requirement to limit future medicaid spending by \$10 billion over the next 5 years. This, of course, would have a serious impact on beneficiaries with severe mental illnesses. NAMI requests that advocates are encouraged to write a letter to members of Congress expressing your opposition.

The NAMI National staff has developed two brochures on the upcoming Medicare prescription drug benefit package that will go into effect on January 1, 2006. If you are interested, please contact me (434-296-2519 - or -

srinehart0945@cs.com) and I will place the order for you. There is no charge for the brochures.

On our local level, I, for one, am happy to see the hot summer fade away as we prepare for another year with the Blue Ridge Family Alliance. For our speaker program this year, Mike Kelley has been working with Jenny Oliver, the Executive Director of the local Mental Health Association (MHA) to create a combined program. We hope to create a wide variety of events and attract a broader audience. We thank Jenny for her extra effort and initiative.

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NAMI-Blue Ridge Family Alliance

[a 501(c)(3) organization]

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NEWSLETTER

Interim Editor: Mike Kelley
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Newsletter Information:

This newsletter is published quarterly. Persons wishing to contribute an original article are asked to contact the editor.

WORLD WIDE WEB

Monticello Avenue site
<http://avenue.org/brfa>

Charlottesville Community Calendar
www.chvillecalendar.com



New book...

Pat Passalacqua suggests:

- *Against Depression* by Peter D. Kramer
What is depression really, and how does society define it? Kramer, a famed psychiatrist and author of the 1993 bestseller *Listening to Prozac*, says he has written "an insistent argument that depression is a disease, one we would do well to oppose wholeheartedly." In making his argument, Kramer examines the cultural roots of notions about depression and underscores the gap between what we know scientifically and what we feel about the illness. Kramer traces depression from Hippocrates through the Renaissance and Romantic "cult of melancholy" to advances in medicine, psychiatry and psychotherapy, and at last to the disease we now know it to be. Kramer's curiosity drives the book forward as he ponders why we value artwork and literature built on despair: "certain of our aesthetic and intellectual preferences have been set by those who suffer... deeply." The book maintains the perfect balance between science and human interest, as the author details both psychiatric studies and personal experience. A comparison of the biochemical workings of depression with the physical and observable symptoms serves as an intellectual trip for readers and provides a thorough exploration of what Kramer dubs "the most devastating disease known to humankind." The book is rich with questions that engage the reader in an active dialogue: Why is society captive to depression's charm? And will this infatuation change with the emergence of more evidence regarding depression's severely disabling effects? Kramer leaves off with these questions to ponder. Resolute but not preachy, this book is an important addition to the growing public health campaign against depression.
President's Message continued:

The support group meetings continue on the first Thursday of the month - 5:30 - 6:30, at Region Ten in the Board Room, and the speaker meetings will resume on the third Thursday (unless otherwise noted) of the month - 5:30 - 6:30 at Region Ten also. I would just like to add that throughout the unfolding chaos of the awful Katrina, I have been keenly reminded of the power of support when in a crisis - of any nature. Whether you are the giver or receiver of the support is irrelevant for it is simply the mutual bond of caring and helping one another on both sides that helps us all through a

difficult time. So we hope that you will join us for our meetings. We look forward to seeing you!

Sally Rinehart

NAMI Walks

Every journey begins with that first step. In 2005, thousands of concerned citizens in more than 50 communities across the nation will join the [Campaign for the Mind of America](#) and walk together to raise money and awareness about our country's need for a world-class treatment and recovery system for people with mental illness. NAMI National will sponsor a "NAMI Walk" in Washington, D.C. on October 29. To receive more information about the DC WALK, contact Kara Sweeney at (617)567-1711 or kara@nami.org. You can also go to www.nami.org/namiwalks and click on DC.

Location: National Mall at 10th Street (Smithsonian Castle)
Washington, DC
Date: October 29, 2005
Distance: 5 K
Check-in: 8:00 am
Start Time: 9:00 am

National Institute of Mental Health Report:

Mental Illness Exacts Heavy Toll, Beginning in Youth

Researchers supported by the National Institute of Mental Health (NIMH) have found that half of all lifetime cases of mental illness begin by age 14, and that despite effective treatments, there are long delays — sometimes decades — between first onset of symptoms and when people seek and receive treatment. The study also reveals that an untreated mental disorder can lead to a more severe, more difficult to treat illness, and to the development of co-occurring mental illnesses.

The landmark study is described in four papers that document the prevalence and severity of specific mental disorders. The papers provide significant new data on the impairment — such as days lost from work — caused by specific disorders, including mood, anxiety, and substance abuse disorders. These measures will allow researchers to determine the degree of disability and the economic burden caused by mental illness, as well as trends over time.

The papers are reported in the June 6 issue of the *Archives of General Psychiatry* by Ronald Kessler, Ph.D., and colleagues. The study was a collaborative project between Harvard University, the University of Michigan, and the NIMH Intramural Research Program.

"These studies confirm a growing understanding about the nature of mental illness across the lifespan," says Thomas Insel, M.D., Director of the National Institute of Mental Health. "There are many important messages from this study, but perhaps none as important as the recognition that mental disorders are the chronic disorders of young people in the U.S."

Prevalence and Age-of-Onset of Mental Disorders

Unlike most disabling physical diseases, mental illness begins very early in life. Half of all lifetime cases begin by age 14; three quarters have begun by age 24. Thus, mental disorders are really the chronic diseases of the young. For example, anxiety disorders often begin in late childhood, mood disorders in late adolescence, and substance abuse in the early 20' s. Unlike heart disease or most cancers, young people with mental disorders suffer disability when they are in the prime of life, when they would normally be the most productive.

The risk of mental disorders is substantially lower among people who have matured out of the high-risk age range. Prevalence increases from the youngest group (age 18-29) to the next-oldest age group (age 30-44) and then declines, sometimes substantially, in the oldest group (age 60+). Females have higher rates of mood and anxiety disorders. Males have higher rates of substance use disorders and impulse disorders.

Failure and Delay in Initial Treatment Contact

The study documents the long delays between the onset of a

mental disorder and the first treatment contact, as well as the accumulated burden and hazards of untreated mental disorders.

These pervasive delays in getting treatment tend to occur for nearly all mental disorders, though they vary according to specific diagnostic categories. The median delay across disorders is nearly a *decade*; the longest delays are 20-23 years, for social phobia and separation anxiety disorders. This is possibly due to the relatively early age of onset and fears of therapy that involve social interactions.

Shorter delays between onset of disorder and treatment seeking — still a protracted 6-8 years — are seen for mood disorders, and are likely attributable to public awareness campaigns, the marketing of newer therapies directly to consumers, and expanded insurance coverage.

While approximately 80 percent of all people in the U.S. with a mental disorder *eventually* seek treatment, there are public health implications from such long delays in treatment. Untreated psychiatric disorders can lead to more frequent and more severe episodes, and are more likely associated with school failure, teenage childbearing, unstable employment, early marriage, and marital instability and violence.

"The pattern appears to be that the earlier in life the disorder begins, the slower an individual is to seek therapy, and the more persistent the illness," said Dr. Kessler, a professor of health care policy at Harvard Medical School. "It's unfortunate that those who most need treatment are the least likely to get it." Treating cases early could prevent enormous disability, before the illness becomes more severe, and before co-occurring mental illnesses develop, which only become more difficult to treat as they accumulate, according to the researchers.

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National Institute of Mental Health Report (continued):

Severity and Comorbidity of Mental Disorders

The second paper reports that even though mental disorders are widespread throughout the population, the main burden of illness is concentrated in those with a severe disorder - about 6 percent. A "serious" disorder involves a substantial limitation in daily activities or work disability, or a suicide attempt with serious lethal intent, or psychosis. The serious group reported a mean of 88.3 days —nearly 3 months of the year —when they were unable to carry out their normal daily activities.

Unfortunately, say the researchers, individuals with one mental disorder are at a high risk for also having a second one (comorbidity). Nearly half (45 percent) of those with one mental disorder met criteria for two or more disorders, with severity strongly related to comorbidity. This finding supports the suggestion by a growing portion of researchers that the boundaries between some diagnostic categories may be less discrete than previously believed.

Use of Mental Health Services

The study indicates that the U.S. mental health care system is not keeping up with the needs of consumers and that improvements are needed to speed initiation of treatment as well as enhance the quality and duration of treatment. For instance, over a 12-month period, 60 percent of those with a mental disorder got no treatment at all.

The good news is that the proportion of people who reported 12-month mental health service use is higher now - at 17 percent - than a decade ago in the baseline NCS survey, at 13 percent. The expansion was mainly in the general medical sector, with more primary care physicians providing psychiatric services.

People with mental or substance abuse disorders were more likely to get treatment from a primary care physician/nurse or other general medical doctor (22.8 percent), or from a non-psychiatrist mental health specialist (16 percent), such as a psychologist, social worker, or counselor, than from a psychiatrist (12 percent), though the survey did show that the adequacy of treatment —measured by number of visits —is best when provided by mental health practitioners.

About 9.7 percent sought help from a counselor or spiritual advisor outside of a mental health setting; and 6.9 percent used a complementary-alternative source, such as a chiropractor or self-help group. This held true even for those with severe mood disorders. Traditionally underserved groups, such as the elderly, racial/ethnic minorities and those with low income or without insurance, had the greatest unmet need for treatment.

Future and Ongoing Efforts

An international perspective on these findings is also becoming available, as the study is part of a global initiative on the epidemiology of mental disorders in 28 countries, coordinated through the World Health Organization.

For more information on the NCS-R, visit <http://www.nimh.nih.gov/healthinformation/ncs-r.cfm>.

Visit the [NIMH Health Information](#) menu page for information about many of the mental disorders described above.

NAMI Virginia Membership Application Form	
I (We) wish to join ____ or renew membership ____:	
____ Individual/Family	\$35
____ Professional	\$35
____ Open Door Members (for persons with limited income)	\$3
____ Church/Synagogue/Civic Group	\$50
I wish to support NAMI's work to improve the quality of life for people with serious mental illnesses.	
I have enclosed my tax-deductible donation of \$_____.	
Total dues and contribution: \$_____	
Name _____	
Address _____	
City _____	ST _____ Zip _____
Telephone (optional) _____	
Please make checks payable to NAMI-VA and mail to P.O. Box 1903, Richmond, VA 23218.	
A portion of your dues will be forwarded to NAMI and to the local affiliate nearest your address.	